

PRV – Call Center Potential Fraudulent Call

Purpose:

To be in compliance with Federal Code in handling possible fraud or abuse of the Medicaid program. If the agency received a complaint of the Medicaid fraud or abuse from any source or identifies any questionable practices, it must conduct a preliminary investigation to determine whether there is sufficient basis to warrant a full investigation

Identification of Roles:

Trainer, Supervisor, Quality Assurance Coordinator, Unit Lead, Manager

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Incoming Call

Step 2: Verification of Provider (Enter into OnBase Workview)

- a. Verify National Provider Identifier (NPI)
- b. Obtain contact name
- c. Obtain contact phone number

Step 3: Determine Reason for Call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry
- f. Fraud

Step 4: If potential fraud, go to step 5. If not, go back to step 3.

Step 5: The CSR escalates call to unit lead and provides lead with

- a. NPI
- b. Contact name
- c. Telephone number
- d. Relevant information

Step 6: If the potential fraud relates to an Iowa Medicaid provider, the Lead provides the caller with

- a. The telephone number for the Program Integrity Unit (256-4615)
- b. Refers the information obtained from the provider via e-mail to Jody Jones (jjones2@dhs.state.ia.us),supervisor in Program Integrity

Step 7: If the potential fraud relates to an Iowa Medicaid member, the Lead obtains

- a. Member name
- b. Member Identification
- c. Circumstances
- d. Name of caller
- e. Telephone number of caller
- f. E-mails the information to Vicki Shearer in Member Services (vsheare@dhs.state.ia.us)

Step 8: End Call

Forms/Reports:

N/A

RFP References:

N/A

Interfaces:

Member Services
Program Integrity

Attachments:

Process Map

